11/02/99

Please type a plus sign (+) inside this box →		P	TO/SB/50	(4/98)
T Reade type a place digit (1) more		Approved for use through 09/30/2000.	OMB 0651	1-0033
		Patent and Trademark Office: U.S. DEPARTMENT	OF COMM	IERCE
		- and required to receased to a collection of information (1) 229(1) if Ciscian d	יווחסס כואוג.	OF HUIT

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## REISSUE PATENT APPLICATION TRANSMITTAL

-	Attorney Docket No.	140-032				
A (V) A	First Named Inventor	Melvin Park				
Address to:  Assistant Commissioner for Patents	Original Patent Number	5,696,375				
Box Patent Application Washington, DC 20231	Original Patent Issue Date (Month/Day/Year)	December 9, 1997				
Washington, 20 Louis	Express Mail Label No. EE592831990US					
APPLICATION FOR REISSUE OF: (check applicable box)  (thirty	Patent Design Pa	ntent Plant Patent				
APPLICATION ELEMENTS	ACCOMPANYING APPLICATION PARTS					
1. X *Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing) 2. X Specification and Claims (amended, if appropriate) 3. X Drawing(s) (proposed amendments, if appropriate) 4. X Reissue Oath / Declaration (original or copy) (37 C.F.R. § 1.175)(PTO/SB/51 or 52) 5. Original U.S. Patent X Offer to Surrender Original Patent (37 C.F.R. § 1.178) (PTO/SB/53 or PTO/SB/54)  or Ribboned Original Patent Grant Affidavit / Declaration of Loss (PTO/SB/55) 6. Original U.S. Patent currently assigned? X Yes No (If Yes, check applicable box(es)) Written Consent of all Assignees (PTO/SB/53 or 54) 37 C.F.R. § 3.73(b) Statement Power of Attorney	10. Statement (IDS)/P  9. English Translation (if applicable)  10. Statement(IDS)/P  10. Small Entity  11. Preliminary Amendation (PTO/SB/09-12)  12. X Return Receipt Po (Should be specification)  13. Other:	8. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations  9. English Translation of Reissue Oath/Declaration (if applicable)  * Small Entity Statement filed in prior application, Statement(s) Status still proper and desired (PTO/SB/09-12)  11. Preliminary Amendment  12. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized)  13. Other:				
14. CORRESPONDE	NCE ADDRESS					
Customer Number or Bar Code Label  Customer Number or Bar Code Label  (Insert Customer No. or Attach bar code label here)						
Name Ward & Olivo						
Address 708 Third Avenue						
City New York State NY Zip Code 10017						
Country USA Telephone	(212) 6976262	Fax (212) 972-5866				
NAME (Print/Type) John W. Olivol Jr. Registration No. (Attorney/Agent) 35.634, Signature Date 11/2/95						

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

.....





PTO/SB/56 (12-97)
Approved for use through 9/30/00. OMB 0651-0033
demark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number											
REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional)					
						140-032					
Claims as Filed - Part 1											
Claims in	_	Number Filed in		(3)		Small I	ntity	_	Other than a Small Entity		
Patent	For	Reissue	eissue Application		nber Extra	Rate	Fee		Rate	Fee	
(A)	Total Claims (37 CFR 1.16(j))	(B)		*		x \$=		or	x \$=	7	
(C)	Independent Claims (37 CFR 1.16(i))	(D)				x \$=			x \$=		
Basic Fee (37 CFR 1.16(h)) \$							\$				
			To	otal F	iling Fee		\$		OR	\$	
		Claim	ns as Amen	ded	- Part 2						
	(1) Claims Remainir	na	(2) Highest Number E		(3) Extra				Other than a Small Entity		
	After Amendme	nť	Previous Paid Fo	ly l	Claims Present	Rate	Fee		Rate	Fee	
Total Claims (37 CFR 1.16(j))	***	MINUS	**		=	x \$=		or	x \$=		
Independent Claims (37 CFR 1.1	6(i))	MINUS	****		=	x \$=			x \$=	,	
Total Additional Fee \$ OR \$						\$					
** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.  *** After any cancelation of claims  **** If "A" is greater than 20, use (B -A); if "A" is 20 or less, use (B - 20).  ***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).											
Please charge Deposit Account No in the amount of A duplicate copy of this sheet is enclosed.											
The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No  A duplicate copy of this sheet is enclosed.											
A check in the amount of \$ to cover the filing / additional fee is enclosed.											
November 2, 1999  Date  Signature of Applicant, Attorney or Agent of Record  John W. Olivo, Jr.  Typed or printed name											





PTO/SB/53 (12-97)
Approved for use through 9/30/00. OMB 0651-0033
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## REISSUE APPLICATION BY THE INVENTOR, OFFER TO SURRENDER PATENT

Docket Number (Optional) 140-032

This is part of the application for a reissue patent ba	ased on the original patent identified below.				
Name of Patentee(s)					
Melvin Park; Claus Koster Patent Number	Date Patent Issued				
5,696,375 Title of Invention	December 9, 1997				
Title of Invention MULTIDEFLECTOR					
I am the inventor of the original patent.					
I offer to surrender the original patent.					
1. X Filed herein is a certificate under 37 CFR 3.73(b).					
2. Ownership of the patent is in the inventor(s), and no assignment of the patent has been made.					
One of boxes 1 or 2 above must be checked.					
The written consent of all assignees owning an unc this application for reissue.	divided interest in the original patent is included in				
Signature	Date				
Typed or printed name					
Melvin Park					
The assignee owning an undivided interest in said or and the assignee consents to the accompanying app	riginal patent is <u>Bruker Daltonics. Inc</u> plication for reissue.				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application, any patent issued thereon, or any patent to which this declaration is directed.					
Name of assignee					
Bruker Daltonics, Inc. (Form Signature of person signing for assignee	nerly Bruker Anyl. Instrument) Date				
Typed or printed name and title of person signing for	assignee				
Frank Laukien; President					

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/53 (12-97)

Approved for use through 9/30/00. OMB 0651-0033

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## REISSUE APPLICATION BY THE INVENTOR,

Docket Number (Optional)

140-032

OFFER TO SURRENUER PATE	140 032				
This is part of the application for a reissue patent ba	sed on the original patent identified below.				
Name of Patentee(s) Melvin Park; Claus Koster					
Patent Number	Date Patent Issued				
5,696,375	December 9, 1997				
Title of Invention					
MULTIDEFLECTOR					
I am the inventor of the original patent.  I offer to surrender the original patent.					
Toller to surrender the original patent.					
1. X Filed herein is a certificate under 37 CFR 3.73(b).					
2. Ownership of the patent is in the inventor(s), and no assignment of the patent has been made.					
One of boxes 1 or 2 above must be checked.					
The written consent of all assignees owning an und this application for reissue.	ivided interest in the original patent is included in				
Signature	Date				
Š	·				
Typed or printed name					
Claus Koster					
The assignee owning an undivided interest in said or and the assignee consents to the accompanying app					
I hereby declare that all statements made herein of n statements made on information and belief are believer made with the knowledge that willful false state fine or imprisonment, or both, under 18 U.S.C. 1001 jeopardize the validity of the application, any patent i declaration is directed.	ved to be true; and further that these statements ments and the like so made are punishable by and that such willful false statements may				
Name of assignee					
Bruker Daltonics, Inc. (Form	erly Bruker Anyl. Instrument)				
Signature of person signing for assignee	Date				
Typed or printed name and title of person signing for a	assignee				
Frank Laukien; President					

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.